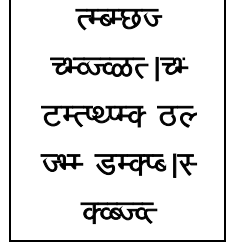


MEDICAL CERTIFICATE

Name of Candidate:- _____ Age :- _____ Sex :- _____

Father's/Husband's Name :- _____ Mother's Name :- _____

Signature of the Candidate : _____



1. Height (in inches/cms) _____ 2. Weight(Kg) _____
3. Temp. : _____ .C 4. SPO 2 _____ % 5. PR. _____ /min
6. RR /Min 7. BP _____ mmHg 8. CVS : _____

9. Respiratory System :

10. GIT: Abdomen : Organomegaly
Hydrocele/Piles or any other abnormality

11. CNS :

12. Psychiatrist Assessment

13. Eyes : Rt. Eye near vision Distant Vision Possible Correction reqd.

Lt. Eye near vision Distant Vision Possible Correction reqd.

14. Hearing

15. Ear/Nose/Throat

16. Obstetrics & Gynecologist opinion

17. Disability (If any)

18. Investigation : 01 Haemogram

02 Urine

I hereby declare that the candidate Shri/Kum _____ selected for MBBS course in the basis of passing NEET examination, that we have carefully examined this candidate and have found him/her to be physically & mentally FIT/NOT fit

SIGNATURE

NAME :-

MEDICAL REGISTRATION NO :-.....

SEAL